(X6) DATE:

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER. 396143		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 03/21/2023			
NAME OF PROVIDER OR SUPPLIER: TULIP SPECIAL CARE, LLC STATE LICENSE NUMBER: 24780201			STREET ADDRESS, CITY, STATE, ZIP CODE: 3300 HENRY AVENUE, 7TH FLOOR PHILADELPHIA, PA 19129						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	CTION (EACH OULD BE APPROPRIATE	(X5) COMPLETE DATE				
F 0000 F 0689 SS=K	Based on a monitoring 21, 2023, it was determ Care, was not in compl of 42 CFR Part 483, Su Long Term Care Facili Commonwealth of Pen Licensure Regulations of the survey process.	nined that Tulip Speciance with the requiabpart B, Requirement ties and the 28 PA Consylvania Long Terrors	cial rements ents for Code, m Care	F 0689					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATUDE		TITLE:	(X6) DATE:			

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			1 ' '		(X3) DATE SURVEY COMPLETED:		
		396143				03/21/2023	
NAME OF PROVIDER OR SUPPLIER: TULIP SPECIAL CARE, LLC STATE LICENSE NUMBER: 24780201		STREET ADDRESS 3300 HENRY PHILADELP	AVENUE, 7	TH FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)					OULD BE	(X5) COMPLETE DATE
F 0689	Continued from page 1			F 0689			
SS=K	IDENTIFYING INFORMATION)				1. On day of survey:  - The Maintenance Director the hot water heaters and reg to bring water temperature de 110 degrees.  - The administrator notified a of the water temperature issues suspended all showers/bed because the hot water from the 2. All staff have been in-soon the policy and procedures water temperature requirement prior to the start of their shift instructions to take temperature water before use and, if tempis not within range 102-110 to contact Maintenance Director Supervisor or NHA. Thermone were placed in shower rooms each nursing station for use, temperatures are being taken documented several times dathe issue is resolved.  3. On 3/22/23 J.A. Young Engineers replaced the 80-gawater heater, and the water expansion tank. On 3/29/23	gulator own to  all staff ne and aths. began y to e tanks. erviced s for ents, t, with the oreature degrees ector, ometers s and at Water and allon hot	Completion Date: 04/10/2023 Status: APPROVED Date: 04/06/2023

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED:  03/21/2023	
TULIP SPI	NAME OF PROVIDER OR SUPPLIER: TULIP SPECIAL CARE, LLC STATE LICENSE NUMBER: 24780201			, CITY, STATE, Z	IP CODE: TH FLOOR	03/21/2023	
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
F 0689 SS=K	Continued from page 2			F 0689	Young Engineers replaced the valve. All temperatures are will 102-110 degrees, monitored documented 2x daily.  4. The Maintenance Director/designee will take/document water temper daily, notify NHA of any iss report results of the water temperatures to the QAPI/Sa Committee monthly.	within and artures 2x tues, and	

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 396143			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 03/21/2023	ΞY	
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F 0689 SS=K	Based on observation policy, review of far and staff interviews that the facility fails water temperatures and shower room wasafe temperature or units. (East Wing a failure placed residinjury from a burn a Immediate Jeopard Findings include:  Review of the facility "Shower" adopted a prepare bathroom a equipment, shut off	ity documentation, it was determined to ensure that I in residents' room were maintained at a two of two nursi and West Wing). The ents at risk for send and resulted in an any situation.	tion ed hot ns t a ing This rious	F 0689				
	privacy. Take patie keep patient well co	nt into the bathro						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER  396143			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 03/21/2023	ΞY			
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F 0689	Continued from page 4		F 0689						
SS=K	against drafts and to patient on shower or regulate water temps shower head to 102 degrees Fahrenheit.  Review of the facility Water Temperature individuals accessing source throughout the without harm or injusted the residents we prove the ensure all individuals temperature is between the degrees, when prove temperatures do not at all water source at and staff.  Observations conducted to the conducted throughout the provent of the conducted throughout the provent of the conducted throughout t	thair or stretcher, berature flow from degrees to 110 degrees to 110 degrees to 110 degrees to 12 and 110 degrees accessible to residucted on March 20 degrees to March 20 degrees decreed on March 20 degrees decrees decreed on March 20 degrees decrees dec	ot at all ater o s or ater ae rees dents						

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F 0689	Continued from page 5			F 0689			
SS=K	hand sink in resider the hot water temper 110 degrees as followest Wing Resident Room 710 Fahrenheit at 12:26 Resident Room 728 Fahrenheit at 12:27 Resident Room 732 Fahrenheit at 12:38 East Wing Resident Room 725 Fahrenheit at 12:36 Resident Room 726 Fahrenheit at 12:30 Shower Room- 119 at 12:53 p.m.  Interview conducte	erature tested aboves:  0- 118 degrees p.m.  3- 127.5 degrees p.m.  2- 124.1 degrees p.m.  5- 134.0 degrees p.m.  6- 131.3 degrees p.m.  1.8 degrees Fahren  1.8 degrees Fahren	nheit				

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F 0689 SS=K	Employee E3 on M p.m. revealed that s what temperature the resident's hand sink was no thermometed temperature of the lassistant, Employee 2023, at 12:42 p.m. not aware of a thermometer water or at what terms was to be.  Interview conducted Employee E5 on M	she was not aware ne hot water at a should be, that the available to che hot water.  d with Nursing the E4 on March 20 a revealed that she mometer to test the imperature the hot individuals.	here eck the  e was he hot water	F 0689				
	Employee E5 on M p.m. stated she will her hand to be sure before giving a sho confirmed that ther available in the sho	feel the hot wate it was not too how wer. Employee E e was no thermon	r with t 5					

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F 0689	Continued from page 7			F 0689			
SS=K	Interview conducted with the Maintenance Director on March 20, 2023, at 12:34 a.m. confirmed the hot water tanks where not working properly. Observations of the mixing valve located on the nursing unit						
	with the Maintenance Director, Employee E5 in the presence of the Nursing Home Administrator revealed that the temperature at the gauge at the mixing valve read 124 degrees Fahrenheit. Employee E5 stated that the hot water tank regulators needed to be check and						
	Review of the hot we for the East and We 13, 2023 through M revealed the follow temperatures:	was					

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. ,		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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F 0689	Continued from page 8			F 0689			
SS=K							
	East Wing March 20, 2023, at Fahrenheit -there w documented on the March 20, 2023, at Fahrenheit- there w documented on the West Wing March 20, 2023, at Fahrenheit -there w documented on the March 20, 2023, at Fahrenheit -there w documented on the March 20, 2023, at Fahrenheit- there w documented on the Based on the above Jeopardy to the safe was identified to th Administrator on Ju	as no location log. 8:20 a.m. 124 degas no location log. 8:28 a.m. 121 degas no location log. 8:39 a.m. 117 degas no location log. findings Immediaty of the resident e Nursing Home	grees grees grees ate				

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***************************************		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:		
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F 0689	Continued from page 9			F 0689				
SS=K	p.m. for failure to e temperatures were roursing unit. The N Administrator was Immediate Jeopard 20, 2023, at 2:22 p. action plan was required. On March 20, 2023 facility provided the action plan:  1. Upon notification temperatures, Administrator plan:  2. Building mainter adjusted the hot was water regulator to be temperatures down lower.	maintained on the tursing Home provided with the y template on Mam. and an immeduested.  , at 4:08 p.m. the e following correct on of unsafe water inistrator contacted intenance department of the pring water water in the enters and howing water water in the enters and howing water water in the enters and how in the enters are also and how in the enters and how in the enters are also and how in the enters and how in the enters are also and how in the enters are als	ed ment					

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		396143				05/21/2025			
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TAG		FYING INFORMATION)	K LSC	FREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE		DATE		
F 0689	Continued from page 10			F 0689					
gg H									
SS=K	3. Maintenance Dir	ector began open	ing						
	faucets to release th	• •	•						
	tanks.								
	4. Administrator no	tified all staff of	that						
	the hot water tempe	erature was over 1	10						
	degrees and instruc	ted them to temp	hot						
	water before use.								
	5. Thermometers w	ere placed in each	h						
	central bathing area	l.							
	6. If the water temp								
	above 110 degrees,								
	will be suspended u	_							
	is tested and found	-	le						
	range 102-110 degr		1.						
	7. All staff will be 6	_	olicy						
	and procedure for a								
	temperatures and he		1						
	temperatures of war								
	notify director/NHA	· -							
	Administrator) if te 102-110 degrees.	mps are above/be	TIOW						
	102-110 ueglees.								

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F 0689	Continued from page 11			F 0689				
SS=K	Education will beging staff prior to the star Facility will have 8 compliance within 272 hrs.  9. Maintenance Dir locations through farmorning and 4:00 producement.  10. Maintenance Dirand Building Maintenance Dirand Building Maintenance Dirand Building Maintenance Dirand Staff (Quality Assurance Improvement)/Safe  Interview with Nurse Administrator on Maintenance on Maintenance Dirander Staff (Parket Staff)  Interview with Nurse Administrator on Maintenance Dirander Staff (Parket Staff)  Interview with Nurse Administrator on Maintenance Dirander Staff (Parket Staff)  Interview with Nurse Administrator on Maintenance Dirander Staff (Parket Staff)  Interview with Nurse Administrator on Maintenance Dirander Staff (Parket Staff)  Interview with Nurse Administrator on Maintenance Dirander Staff (Parket Staff)  Interview with Nurse Administrator on Maintenance Dirander Staff (Parket Staff)	rt of their next show education 24 hrs and 100% ector will temp acility at 7:00 a.m. m. each evening erector will notify enance if temperate table range of 10 erector will report are logs to the QA program ty Committee Mossing Home earch 21, 2023, at	within  a. each and  NHA atures 02-110  API onthly.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:  396143				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 03/21/2023	EY			
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F 0689 SS=K	came onsite on March 21, 2023 to make adjustments to their hot water system. The contracted company was able to identify that a part to the system was in need of replacement. The facility suspended showers to be given to residents until the faulty part is replaced.  Interviews were conducted with twelve facility staff members on March 21, 2023, between 1:15 p.m. and 4:00 p.m. Facility staff was able to confirm that education was provided on the appropriate water temperature range; to use a thermometer to test the water prior to usage; notify maintenance and/or Nursing Home Administrator if water temperatures are too high and that showering was currently suspended.  Review of facility documentation of hot		n. The atify of lithe live 2023, cility ion er eter y are rently	F 0689					

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F 0689	Continued from page 13			F 0689				
SS=K	water temperatures revealed that the facility was currently monitoring the temperature of the hot water.  Following the verification of the immediate action plan the Immediate Jeopardy was lifted on March 21, 2023, at 4:20 p.m.  28 Pa. Code 201.14(a) Responsibility of licensee  28 Pa. Code 201.18(b)(1) Management  28 Pa. Code 201.18(b)(1) Management  28 Pa. Code 201.18(b)(3) Management  28 Pa. Code 205.37(e) Equipment for bathrooms		e 23, at y of ent					

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F 0689	Continued from page 14			F 0689				
SS=K	28 Pa. Code 205.63 piping systems requirement construction							
F 0835				F 0835				
SS=D								
				l l	I			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	BER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
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F 0835	Continued from page 15			F 0835			
SS=D	483.70 Administration.  A facility must be administered in a manner that enabto use its resources effectively and efficiently to attain maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  This REQUIREMENT is not met as evidenced by:		in or		1. On day of survey:  - The Chief Operating Office reviewed the Water Tempera Policy and Procedure with N clarity and understanding.  - The Chief Operating Office reviewed the NHA Job Desc with the NHA for clarity and understanding.  - The Maintenance Director the hot water heaters and reg to bring water temperature do 110 degrees.  - The administrator notified a of the water temperature issus suspended all showers/bed because The Maintenance Director opening faucets in the facility release the hot water from the 2. All staff have been in-soon the policy and procedures water temperature requirement prior to the start of their shift instructions to take temperature water before use and, if tempis not within range 102-110 to contact Maintenance Director Supervisor or NHA. Thermowere placed in shower rooms	ature IHA for  er ription I adjusted gulator own to all staff ne and aths. began y to e tanks. erviced s for ents, t, with ure of berature degrees ctor, ometers	Completion Date: 04/10/2023 Status: APPROVED Date: 04/06/2023

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F 0835 SS=D	Continued from page 16			F 0835		Water		
					each nursing station for use. temperatures are being taken documented several times dathe issue is resolved.  3. On 3/22/23 J.A. Young Engineers replaced the 80-ga water heater, and the water expansion tank. On 3/29/23 Young Engineers replaced the valve. All temperatures are valve. All temperatures are valve. The Maintenance Director/designee will take/document water temper daily, notify NHA of any iss report results of the water temperatures to the QAPI/Sa Committee monthly.	and and ally until allon hot  J.A.  The mixing within and atures 2x ues, and		

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F 0835	Continued from page 17			F 0835					
SS=D	Based on a review of observation, facility documentation and interviews with staff, it was determined that the Nursing Home Administrator failed to effectively mange the facility related to hot water temperatures which resulted in a Immediate Jeopardy situation.  Findings include:  Review of the job description for the Nursing Home Administrator (NHA) revealed that the Nursing Home Administrator is responsible to direct the day-to-day functions of the facility in accordance with current federal, state and local standards guidelines and regulations that govern long term care facilities to ensure that the highest degree of quality of care can be provided to out residents at times. Continued review of the NHA's job description stated that the NHA "assures compliance with local, state and federal laws regarding licensure and certification of facility and personnel as applicable."  Observations conducted on March 20, 2023,								

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:			
		396143		B. WING:		03/21/2023			
NAME OF PROVIDER OR SUPPLIER: TULIP SPECIAL CARE, LLC STATE LICENSE NUMBER: 24780201			STREET ADDRESS, CITY, STATE, ZIP CODE: 3300 HENRY AVENUE, 7TH FLOOR PHILADELPHIA, PA 19129						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	(X5) COMPLETE DATE				
F 0835	Continued from page 18			F 0835					
SS=D	revealed that water temperatures in resident bathroom sinks were above 110 degrees Fahre on East and West wings. Observations and interviews with the Director of Maintenance of march 20, 2023, confirmed that water temperature greater than 110 degrees Fahrenheit. Observations of the mixing valve located on the nursing unit with the Maintenance Director, Employee E5 in the presence of the Nursing Hadministrator revealed that the temperature at gauge at the mixing valve read 124 degrees Fahrenheit. Employee E5 stated that the hot we tank regulators needed to be check and that the temperature of the hot water was not been held 110 degrees Fahrenheit.  This failure placed residents at risk for serious from a burn and resulted in an Immediate Jeop situation.  Based on the deficiencies identified in this rep NHA failed to fulfill essential duties and		chrenheit ce on ceratures on the c, g Home e at the st water t the cheld at ous injury deopardy						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  396143		:	A. BLDG: _ B. WING: _	PLE CONSTRUCTION:  00	(X3) DATE SURVI COMPLETED: 03/21/2023	ΣΥ			
	VIDER OR SUPPLIER: ECIAL CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE: 3300 HENRY AVENUE, 7TH FLOOR						
STATE LICENSE NUMBER: 24780201			PHILADELPH	HIA, PA 19	129				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
F 0835	Continued from page 19			F 0835					
SS=D	Immediate Jeopardy situations.  Refer to F689  28 Pa. Code 201.14(a) Responsibility of licensee  28 Pa. Code 201.18(a) Management								

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# **Certified End Page**

#### **TULIP SPECIAL CARE, LLC**

STATE LICENSE NUMBER: 24780201 SURVEY EXIT DATE: 03/21/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janine

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

#### **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY